



The Prevalence of Workaholism among Missionary Religious Women in Nigeria

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ABSTRACT

Workaholism, a topic of significant academic interest in various professional spheres over the past four decades, has yet to be thoroughly explored in the context of religious women. This study utilizes a descriptive cross-sectional quantitative survey guided by the Job Demand-Resources (JDR) Theory and the Self-Determination Theory (SDT) to examine the prevalence of workaholism among missionary religious women in Nigeria. Data was collected from 123 Sisters using the Dutch Work Addiction Scale (DUWAS-10). Descriptive statistical analyses were employed to evaluate the data. The findings revealed a 12.2% prevalence of workaholism among the respondents. The study suggests that high job demands coupled with inadequate job resources may contribute to workaholism, with significant implications for both individual and community well-being, underscoring the importance of this research.

Keywords: workaholism, prevalence, religious women, Missionaries, Nigeria

1. Background

Work is essential for the survival and meaningful existence of human beings. Work is beneficial in many ways, providing salary, food, health, security, self-efficacy, and giving purpose to life. For most people, work fulfils crucial purposes such as earning income, organising the day, building and nurturing relationships, and providing meaning in life (Andreassen, 2015). However, certain individuals are motivated by internal and external factors to engage in compulsive and excessive work, which can negatively impact their well-being and the well-being of those around them (Andreassen, 2014).

The concept of workaholism, derived from the word 'alcoholism' as an analogy, was originally coined by Wayne Oates, an American pastor and psychologist, in his 1968 book *Confessions of a Workaholic: Facts About Work Addiction* (Vanourek, 2023). Oates described workaholism as a condition where individuals exhibit an overwhelming compulsion to work excessively, often to the detriment of their health, personal happiness, interpersonal relationships, and social obligations (Jenaabadi et al., 2016). This early definition primarily focused on the quantifiable aspect of working long hours, exceeding 50 hours a week, a description that resonated with many in modern society (Mosier, 1983; Andreassen, 2014).

Contemporary research has, however, evolved the understanding of workaholism, emphasising not only the sheer number of working hours but also the attitudes and inner drives associated with work (Cheung et al., 2018). Over time, workaholism is recognised as an internally motivated compulsion, obsessive thoughts about work, and persistence in working despite potential negative consequences (Clark et al., 2016; Clark & APA, 2016). Nevertheless, it is worth noting that external pressures can still contribute to workaholism.

Griffiths, (2005) defined workaholism as a "positive addiction," distinguishing it from negative addictions like substance abuse, emphasising the compulsive need to achieve rather than seek pleasure. In congruence, Clark et al. (2014) explored the concept of "engaged workaholism," suggesting that some individuals experience positive outcomes, such as increased job satisfaction and performance, despite being workaholics. However, labelling workaholism as a "positive addiction" seems problematic. According to Egunjobi (2023), any behaviour termed an addiction cannot indeed be positive, as addictions inherently entail adverse consequences. While excessive work engagement may yield positive outcomes like high productivity, it often comes at the expense of personal relationships and well-being. Moreover, emphasising the positive aspects may underestimate the potential negative impacts on physical and psychological health, as research consistently links workaholism to higher levels of stress, burnout, and health issues (Andreassen et al., 2018; Fekih-Romdhane et al., 2022; Makhdoom et al., 2022). This implies the cruciality of recognising the thin line between high engagement and unhealthy overwork – a balanced approach that promotes well-being and productivity without crossing into compulsive work behaviours. Thus, the discourse around workaholism needs to shift towards a more critical examination of its impacts, recognizing that the negative aspects often outweigh the so-called positive outcomes.

Grebot (2013) opined that the examination of workaholism should consider its professional aspects, such as organisational values, and personal factors, like perfectionism and neuroticism. It is also essential to consider workaholism in terms of a coping strategy individuals employ to deal with stressful

situations, along with the positive and negative consequences that may arise from it. Accordingly, Atroszko et al. (2019) provided a detailed characterisation of workaholism, describing it as a compulsive need to work that involves a loss of control and persistent behaviour. This can lead to individuals working more than they intended, experiencing withdrawal symptoms when attempting to cut back on work, and using work to manage negative emotions or conflicts—behaviours that harm both the individual and their relationships.

In recent decades, spurred by Wayne Oates's pioneering work, workaholism has gained increasing attention worldwide. The contemporary work environment has undergone significant transformations, with success and achievement highly valued in Western nations. Work has become central to personal identity, self-worth, and psychological well-being (Molino et al., 2016). The traditional 40-hour workweek from Monday to Friday has become a relic of the past as technology advances. Modern society is marked by a pervasive workaholic culture where individuals often feel pressured to remain constantly busy throughout the day (Muthoni, 2022). Clark et al. (2016) noted that workaholism has become a prominent concept in contemporary discourse. An article published in *Neuroscience News.com* in 2014 referred to workaholism as the "addiction of this century" (*Neuroscience News.com*, 2014). According to Andreassen et al. (2016), this phenomenon is exacerbated by the blurring of natural boundaries between home and the workplace due to the prevalence of modern technology, such as laptops, tablets, and smartphones, coupled with the proliferation of software and applications.

1.1 The Purpose of the Study

The purpose of this study is to determine the prevalence of workaholism among missionary religious women in Nigeria.

1.2 Theoretical Framework

This study was guided by the Job Demand-Resources Theory (JD-R) and the Self-Determination Theory (SDT), which are believed to provide complementary insights and enhance the depth and breadth of the study.

The Job Demands-Resources (JDR) Theory was developed by Arnold Bakker and Evangelia Demerouti in the early 2000s but was introduced more extensively in their 2007 publication, which provided a comprehensive framework linking job demands and job resources with burnout and engagement (Bakker & Demerouti, 2007a). The core assumption of the theory is that high job demands combined with limited resources lead to job strain, no matter the specific job. Conversely, high job resources, even in demanding jobs, are most likely to result in work engagement. According to the authors, Job demands are those aspects of a job that require physical, cognitive, or emotional effort and may lead to physiological or psychological costs. Examples include high workload, time pressure, and conflicting demands.

Edward Deci and Richard Ryan articulated the foundational principles of Self-Determination Theory (SDT) in 1985 as a framework examining human motivation through inherent psychological needs (Deci & Ryan, 1985). They identified two types of motivation: intrinsic and extrinsic. Extrinsic motivation involves external rewards, such as employee appraisals and awards, while intrinsic motivation originates from within, involving values, interests, and personal satisfaction (Deci & Ryan, 1985; Ryan & Deci, 2000). Ryan & Deci, (2020) argue that intrinsic motivation requires environments that support autonomy, competence, and relatedness, which are essential for healthy growth. Individuals with higher intrinsic motivation are likelier to achieve optimal functioning, personal growth, and well-being.

2. LITERATURE REVIEW

Andreassen et al. (2012) performed a psychometric validation of the Bergen Work Addiction Scale using two Norwegian samples of 11,769 and 368 participants, respectively. The first sample was recruited through a web survey following a television broadcast, while the second sample was from an internet-based longitudinal study on work life. In sample 1, 30.1% were categorized as workaholics, working an average of 53.0 hours per week ($SD = 19.6$), compared to 44.1 hours ($SD = 17.4$) for non-workaholics, with a statistically significant difference ($t = 24.7$, $df = 11,762$, $p < 0.01$). The frequency of workaholics was positively related to holding leadership positions ($\chi^2 = 444.9$, $df = 3$, $p < 0.01$). In sample 2, 7.4% were categorized as workaholics, who also had significantly higher scores on subjective health complaints. These findings are relevant to the present study of Missionary Religious Women in Nigeria, particularly since many participants hold leadership positions, highlighting the potential for high work demands and associated health risks.

Sussman et al. (2011) conducted a systematic review in the United States, analysing data from 83 studies to explore the prevalence and co-occurrence of 11 different addictions, including workaholism. Four databases (PsycINFO, Medline, PubMed, and Google Scholar) were used to search for existing studies on these addictions. Each selected study involved at least 500 participants, with an age range of 16 to 65 years, including males and females. The study indicated that approximately 10% of the general U.S. population exhibits workaholism, reflecting a substantial portion affected by excessive and compulsive work behaviours. The authors acknowledged that precise prevalence figures could vary due to differences in definitions and measurement methodologies. They noted that the absence of a universally agreed-upon definition and measurement approach contributes to discrepancies in estimating the prevalence of workaholism. This underlines the variability in workaholism prevalence due to methodological differences, a consideration crucial for interpreting the findings among Nigerian Missionary Religious Women accurately.

In Spain, Ruiz-Garcia et al. (2022) conducted a cross-sectional qualitative study to investigate the prevalence of workaholism and the relationship between work-family interaction among emergency and critical care nurses. Two hundred nineteen (219) nurses participated in the study, completing the Dutch Work Addiction Scale (DUWAS-10) and the Survey Work-Home Interaction Nijmegen (SWING). The findings revealed that 28.3% of the participating nurses were at a high risk of workaholism. Additionally, the study indicated that workaholism was linked to work-family conflict, as nurses with

workaholism experienced more negative interactions between their work and home lives compared to those without such tendencies. The study was insightful in confirming that workaholism poses a significant challenge for these nurses, adversely affecting both their professional and personal spheres. This study highlights the significant impact of workaholism on personal life, a concern that is equally relevant for Missionary Religious Women, who may face similar conflicts between their religious duties and personal well-being.

In South Korea, Kang (2020) carried out a cross-sectional study to develop a Korean version of the Workaholism Analysis Questionnaire and to examine the prevalence of workaholism using a nationally representative dataset of 4,242 samples, including 2,497 men and 1,745 women. The results revealed a high prevalence of workaholism at 39.7%, notably surpassing rates in other countries. The research indicated that workaholism is more common among men, individuals working long hours, involuntary workers, and older individuals. South Korea's culture emphasises hard work and achievement, which is suggested as a contributing factor. Kang's study was comprehensive and impactful, underscoring the significance of these findings for public health, as workaholism can lead to physical and mental health problems, strain relationships, and harm organizational outcomes. The study also proposed interventions like awareness campaigns, stress reduction initiatives and treatments targeting workaholics. Kang's study underscores the cultural influences on workaholism, which is pertinent for understanding how Nigerian cultural and religious contexts might similarly influence workaholic behaviours among Missionary Religious Women.

Akinawo and Onisile (2019) conducted a cross-sectional study in Nigeria to examine work-life balance, job addiction, and mental health among 357 nurses (17.9% male, 82.1% female) in Osun State. Using the Work-Life Balance Scale (WLB), Work Addiction Inventory (WAI), and Illness Behaviour Questionnaire (IBQ), they found that 30% of nurses exhibited pathological work-life balance, and 14.8% were job addicted. Prevalent illnesses included disease conviction (30%), irritability (50.7%), general hypochondriasis (39.5%), somatic perception (31.9%), affective disturbance (42.6%), affective inhibition (33.6%), denial problem (31.7%), and general illness reaction (47.1%). The study concluded that work-life balance and job addiction significantly predict illness behaviour. These findings are relevant to this study, as they highlight the high prevalence and impact of workaholism in Nigeria, providing insights into similar challenges faced by Missionary Religious Women. The prevalence of workaholism varies widely across countries, reflecting cultural norms, economic factors, and societal values, with rates ranging from 7.4% to 39.7%.

3. METHODOLOGY

This study employed a descriptive cross-sectional quantitative survey design to achieve the research purpose. According to Creswell & Creswell (2018), a survey design quantitatively describes trends, attitudes, and opinions within a population or tests for associations among variables by examining a sample from that population. A cross-sectional study design is an observational approach in which the investigator simultaneously measures both the outcomes and exposures in the study participants (Setia, 2016). This design was chosen for its ability to capture statistical trends and associations within the population, providing a robust framework for understanding the prevalence of workaholism among Missionary Religious Women in Nigeria.

3.1 Participants

The participants comprised the entire target population of 154 Missionary Religious Women in Nigeria. With a relatively small population size, a census approach was used, whereby data was collected from the entire population rather than a sample. While the study targeted 154 respondents, only 123 participated, resulting in an actual participation rate of 80%. Ericson et al. (2023) opined that survey response rates of 70% or above are necessary for findings to be considered generalisable.

3.2 Research Instrument

The Dutch Work Addiction Scale (DUWAS-10), developed by Schaufeli et al. (2009), was used in the study. This 10-item self-report instrument measures workaholism through two subscales: working excessively (WE) and working compulsively (WC). Items are scored on a 4-point Likert scale ranging from 1 (almost never) to 4 (almost always). The mean scores are interpreted on a four-point scale: 1.65–2.17 (very low), 2.18–2.68 (low), 2.69–3.20 (high), and 3.21 and above (very high). Workers are considered work addicted when their WE and WC scores, or the combined WC+WE score, are ≥ 2.69 .

3.3 Data Collection Procedure and Analysis

Participants were briefed about the study's purpose, objectives, and ethical considerations and provided informed consent for participation. Data were collected using the DUWAS-10 questionnaire, which was distributed through Google Forms to ensure accessibility and confidentiality. The collected data were analyzed using the Statistical Package for Social Sciences (SPSS) version 23. Descriptive statistics were used to summarize the prevalence of workaholism among the missionary sisters.

3.4 Ethical Considerations

The study adhered to strict ethical guidelines, ensuring transparency, confidentiality, and voluntary participation. Informed consent was obtained from all participants, and data were anonymized to protect participant identity. Ethical approval was obtained from the relevant institutional authorities, ensuring compliance with ethical standards throughout the research process.

4. FINDING

Table I - Demographic information of participants.

Age %	Year of Profession %	Apostolate %	Position at Work %	Level of Education %
20 – 34 (23)	0 – 9 (30)	School (44)	In-charge (36)	O'Level (13)
35 – 49 (42)	10 – 24 (35)	Hospital (18)	Part of Administration (31)	Diploma (16)
50 – 64 (30)	25 – 39 (28)	Pastoral (11)	Staff (11)	Bachelor's Degree (51)
65 – 79 (4)	40 and above (7)	Social Work (10)	Others (23)	Master's Degree (20)
80 and above (0.8)		Others (18)		

The participants' demographics in Table I indicate that most respondents (65%) are between the ages of 20 and 49, highlighting a young workforce. Additionally, 65% of the sisters have been in their religious profession for less than 25 years, showing a moderate level of experience. Most sisters (64%) are involved in schools and hospitals, with 67% holding administrative positions. A high level of education is evident, with 71% having a university degree.

Table 2 - The Prevalence of Workaholism among the Respondents

	Frequency	Per cent%	Valid Percent	Cumulative Percent
Valid Very Low	80	65.0%	65.0	65.0
Low	28	22.8%	22.8	87.8
High	12	9.8%	9.8	97.6
Very High	3	2.4%	2.4	100.0
Total	123	100.0	100.0	

Table 2 indicates a 12.2% prevalence of workaholism among the participants, demonstrated by the percentage that scored high to very high levels of workaholism. It means that 1 in 10 sisters is a workaholic. The presence of 12.2% exhibiting higher levels of workaholism, though a minority, is not negligible. For instance, Sussman et al. (2011) indicated that approximately 10% of the general U.S. population exhibits workaholism and reflected it as a substantial portion of the population being affected by excessive and compulsive work behaviours. This indicates that workaholism is a notable concern even within religious communities, where one might expect spiritual and communal values to mitigate such tendencies.

5. DISCUSSION

The findings have significant implications for the well-being and efficiency of the missionary religious sisters in Nigeria. The JDR model (Bakker & Demerouti, 2007b) provides a useful framework for understanding these findings. According to the JDR model, workaholism can develop when job demands are high and job resources are insufficient. High job demands, such as the extensive responsibilities of administrative roles and involvement in demanding apostolates like education and healthcare, may contribute to the high prevalence of workaholism among the sisters. Conversely, the presence of adequate job resources, such as social support and meaningful work, could mitigate these effects. The variability in workaholism among the sisters suggests differences in how individuals manage these demands and resources.

Self-Determination Theory (Deci & Ryan, 1985) emphasizes the importance of fulfilling basic psychological needs for autonomy, competence, and relatedness. The low average scores for workaholism among the majority of respondents suggest that many sisters' psychological needs are being met, leading to lower levels of excessive and compulsive work behaviours. However, the 12.2% of respondents with high workaholism scores might be experiencing unmet needs, leading them to compensate through excessive and compulsive work behaviours. The presence of these unmet needs highlights the necessity of fostering environments that support autonomy, competence, and relatedness to reduce workaholism.

Andreassen et al. (2012) found a strong correlation between workaholism and leadership roles, indicating that the frequency of workaholism was significantly higher among those in leadership positions ($\chi^2 = 444.9$, $df = 3$, $p < 0.01$). This suggests that the leadership and administrative roles held by many of the participants may have exposed them to higher work demands and longer working hours, increasing their susceptibility to workaholism.

Holding leadership positions often entails higher responsibilities and expectations. Leaders are typically required to manage multiple tasks, oversee projects, and provide guidance to others. This increased workload can lead to longer working hours and heightened stress levels, both of which are significant risk factors for developing workaholism.

Workaholism among the sisters can lead to significant work-life conflict. This can create a scenario where the boundaries between work and personal life become blurred. This blurring of boundaries often results in long working hours and insufficient time for rest, personal reflection, and spiritual activities. This is supported by Ruiz-Garcia et al. (2022), who found that workaholism can lead to negative interactions between work and personal life. This concern is equally relevant for the sisters, whose religious commitments demand a harmonious balance between work, community life, and personal space for well-being.

Studies have shown that workaholism can lead to various negative outcomes, including stress, burnout, and health issues (Andreassen et al., 2012; Schaufeli et al., 2009). In the context of religious communities, workaholism can also interfere with spiritual practices and community life, potentially undermining the core values of the community. The presence of workaholism among the OLA Sisters suggests a need for interventions that address both job demands and resources, as well as the psychological needs of the sisters.

The personal well-being of the sisters is at risk due to the high demands associated with their roles. Workaholism is often accompanied by increased stress, burnout, and various health issues (Makhdoom et al., 2022). Excessive work hours and compulsive work habits can lead to physical and mental health problems, such as chronic fatigue, anxiety, and depression. This deterioration in personal well-being can further exacerbate work-life conflict, creating a vicious cycle that is difficult to break.

The impact of workaholism extends beyond individual well-being to affect the community as a whole. Workaholism among the sisters can strain communal relationships, reduce the quality of community interactions, and diminish the overall spiritual atmosphere. If key members, especially those in leadership positions, are overwhelmed and stressed, it can negatively influence the morale and functioning of the entire community.

Given the findings of this study, it is evident that workaholism presents significant challenges to the well-being of Missionary Religious Women in Nigeria. To further explore the relationship between workaholism and psycho-spiritual well-being in this unique context is therefore proposed.

6. CONCLUSION

This study on the prevalence of workaholism among Missionary Religious Women in Nigeria has uncovered significant insights into the challenges faced by this unique demographic. Utilizing the Dutch Work Addiction Scale (DUWAS-10), the study determined a 12.2% prevalence of workaholism among the respondents, highlighting that even within religious communities, workaholism is a significant issue, akin to patterns observed in secular professions. The findings suggest there is a necessity for a balanced approach to work that safeguards against the detrimental effects of workaholism. Guided by the Job Demand-Resources (JDR) Theory and the Self-Determination Theory (SDT), this research has illustrated that excessive job demands, coupled with inadequate resources, significantly contribute to workaholism. This imbalance not only affects the individuals' well-being but also potentially disrupts the communal harmony and effectiveness of their mission work.

Addressing workaholism in this context is not merely about reducing work hours but involves a holistic approach that considers the psychological needs for autonomy, competence, and relatedness. The study's findings advocate for structured interventions that include better workload management, enhanced support systems, and fostering an environment that promotes personal and communal well-being. This study paves the way for further research into the impacts of workaholism in religious settings and underscores the critical need for strategies that foster a healthy balance between work and spiritual life. Thus, it contributes to a growing body of literature that challenges the notion of workaholism as a 'positive addiction' and calls for a deeper understanding and response to its complex nature.

7. LIMITATION

The use of a cross-sectional design restricts the study's ability to establish causality or observe changes over time. This limitation affects the ability to determine how workaholism might develop or fluctuate across different stages of religious life.

The study exclusively involves Missionary Religious Women in Nigeria, which limits the generalizability of the findings to other populations or cultural settings. The unique cultural and organizational environment of these participants might not reflect the conditions or behaviours of other religious or professional groups, restricting the broader application of the study results.

8. RECOMMENDATION

The following recommendations are proposed based on the study's findings regarding workaholism among the missionary sisters in Nigeria. These recommendations target 12.2% of sisters who exhibit workaholism and aim to foster a more supportive and sustainable work environment, which is essential for those vulnerable to workaholism.

Workload Allocation and Delegation: The sisters' leadership team should review and adjust the allocation of responsibilities to ensure workloads are balanced and well-distributed according to each sister's qualifications and capacities. Fostering a culture of active delegation will help manage individual workloads more effectively.

Staffing Levels and Workforce Expansion: Increasing staffing levels in the apostolates is essential to alleviating the workload of current members. This can be achieved by intensifying recruitment efforts, seeking additional qualified personnel from other provinces, and enhancing collaborations with other religious communities and societal members.

Awareness and Education: Regular workshops and seminars should be implemented to raise awareness and educate all sisters about the signs, consequences, and prevention of workaholism. This proactive approach will facilitate early identification and intervention, reducing the risk of workaholism developing or worsening.

Recreational and Social Activities: Individual OLA communities should regularly schedule recreational and social activities such as outings, picnics, and take a break from work, promote emotional and psychological recovery, and foster a sense of relaxation and well-being among the sisters.

Access to Psychotherapy and Counselling: Community members should encourage sisters with workaholic traits to seek psychotherapy for personalized support and strategies to manage work compulsivity. Sisters with workaholic tendencies can benefit from counselling and psychotherapy to improve their overall well-being.

Emphasis on Well-being during Initial Formation: Formators should emphasize personal well-being, self-care, and a balanced life during the candidates' initial formation programme. Teaching candidates how to balance apostolic activities and personal well-being from the onset will help prevent workaholism. These measures will not only benefit those currently exhibiting workaholism among the Sisters in Nigeria but also prevent potential cases in the future. Ensuring the long-term well-being and effectiveness of the community is vital for the success of its mission.

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